WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16115

1. PLACE OF DEATH

County JACKSON Registration District No. ..... File No. 1906

Township KAW Primary Registration District No. ..... Registered No. .....

City KANSAS CITY (No. ST. MARY'S HOSPITAL St. ..... Ward)

2. FULL NAME JOHN FREEMAN FERRISS

(a) Residence, No. 3010 MONTGALL St., 11 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. AMANDA C. FERRIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE: ABOUT-67 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BRAKEMAN-MD 99

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PACIFIC RAILROAD

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) ILLINOIS

FATHER

13. NAME FRANK FERRISS

14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) UNKNOWN 31

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. ARTHUR R. FERRIS
(ADDRESS) FALL CITY, NEBRASKA

18. BURIAL, CREMATION, OR REMOVAL
PLACE OMAHA, NEBRASKA DATE MAY-12, 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED May 11, 1932 M. M. Grower Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 11, 1932

I last saw him alive on May 10, 1932 Death is said to have occurred on the date stated above, at 3:45A m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

1070

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E B Hobbs, M. D.

(Address) 5 Argyle Bldg K.C. Mo

822 Argyle Bldg.
1-4 (2)